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| **高雄醫學大學 學年度第 學期校內各項獎學金申請表**  **Kaohsiung Medical University Intramural Scholarship Application Form**  **Academic Year: Semester:** | | | | | | | | | | | | |
| 系級  Department / Grade |  | | 學號  Student No. | |  | | 姓名  Name | |  | | 性別  Gender |  |
| 申請獎學金名稱  Project of Scholarship Application | | | 許志堯教授紀念獎學金/ Memorial Scholarship of Professor Hsu, Chih-Yao | | | | | | | | | |
| 各項成績  Performance | | 上 一 學 期  Last Semester | | | | | | | | 聯絡電話  Phone Number | | |
| 學業總平均  Total Average of Academic Grades | |  | | 操行成績Conduct Grades | |  | |  | | |
| 檢附證件  Requirement and Note | | 1. 成績單（正本） Official Transcript 2. 藥學系學生會繳納會費收據 Pharmacy Students' Association fee receipt. 3. 校內各項獎學金之所須檢附證件請參照公告辦法辦理。 Required documents and eligibility requirements for intramural scholarship application please refer to the school announcement and related information. 4. 證件未齊全者不予受理。 Applicant must include all required documents, or it will not be accepted. 5. 上項獎學金限藥學系四年級學生申請。 Eligible applicants are Pharmacy students in the fourth grade. | | | | | | | | | | |
| 備註  Remark | |  | | | | | | | | | | |